

Please type a plus sign (+) inside this box 

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

OMB  
# 11  
6/18/03**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number	09/773,352
Filing Date	January 31, 2001
First Named Inventor	Kenneth Carroll
Title	SAFETY ANCHOR
Group Art Unit	3637
Examiner Name	Tran A. Phi Dieu N
Attorney Docket No.	KCARRO 3.0-001

I hereby appoint:

 Practitioners at Customer Number

000530



OR

 Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

RECEIVED  
TELEMATION UNIT  
JULY 3 2003  
PTO:300

Please change the correspondence address for the above-identified application to:

 The above-mentioned Customer Number.

OR

 Practitioners at Customer Number

Customer Number



OR

Customer Number Bar Code

<input type="checkbox"/> Firm or Individual Name			
--	--	--	--

Address			
---------	--	--	--

City	State	Zip	
------	-------	-----	--

Country	Telephone	Fax	
---------	-----------	-----	--

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**Name Kenneth CarrollSignature R. CarrollDate 6-16-03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below\*.

 \*Total of 1 forms are submitted.

434882

Please type a plus sign (+) inside this box



PTO/SB/82 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REVOCATION OF POWER OF  
ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number	09/773,352
Filing Date	January 31, 2001
First Named Inventor	Kenneth Carroll
Group Art Unit	3637
Examiner Name	Tran A. Phi Dieu N
Attorney Docket Number	KCARRO 3.0-001

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

A Power of Attorney or Authorization of Agent is submitted herewith.

OR

Please change the correspondence address for the above-identified application to:

Customer Number



OR

Customer Number

Firm or  
Individual Name

Address

City

Country

State

Zip

Telephone

Fax

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Name Kenneth Carroll

Signature 

Date 6-10-03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

\*Total of 1 forms are submitted.

RECEIVED  
COMMISSIONER FOR PATENTS  
JUN 13 2003  
03 JUN 13 PM 11:31

434893\_1